

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

| DIST. CORRECT | | <u>, </u> | TATESTHOOM | |
|--|--|--|---------------------------------------|---|
| PART I LOBBYIST | | | | |
| NAME(Last) | (First) | (Middle) | | TELEPHONE |
| Ogawa | Robert | T | | 521-4265 |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
| 1188 Bishon St. | , Ste. 3105 | Handala | H 1 | |
| | | | • | 96813 |
| EMPLOYING ORGANIZATION (Fill in | n only if you are employed by a b | ousiness entity which has be | en retained to lobby |) TELEPHONE |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
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| PART II ORGANIZATION | | | | |
| NAME OF ORGANIZATION YOU LO | • | | | TELEPHONE |
| Group 1 | 10 /10 | | | (310) |
| | 4) INE | | | 739-5603 |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
| 409 N. Pacific Coast | Hw4. B-466 K | Ladondo Beach | - CA | 90277 |
| NAME OF PERSON RESPONSIBLE | | | | |
| | | | IEMENI | TELEPHONE |
| Kobert | IT. Ogawa | | | sea chore |
| MAILING ADDRESS (Street) | | (Citv) | (State) | (Zip Code) |
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| PART III DESCRIPTION C | F SUBJECTS UPON WH | IICH YOU EXPECT T | O LOBBY | |
| Agriculture | Education | Human Services | S | cience, Technology & conomic Development |
| Communications & Public Utilities | Government Operations & Finance | & Intergovernmental International Affa | al Relations, T | ourism & Recreation |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employr | ment T | ransportaion |
| Culture, Arts, Historic Preservation | Health | Planning, Land & Use Managemen | | Other: (indicate below) |
| Ecology, Energy, Environmental Protection | Housing | Public Safety & C | Corrections | |
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| PART IV CERTIFICATION | LOCIODDVICT | | | |
| PART IV CERTIFICATION | | 1- 1- 1ha haat of my kr | | t d camplata |
| I hereby certify that the inf | Ormation turnished above ? | is, to the best of fify ki | IOWIEGGE COLLEC | t and complete. |
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| PART V AUTHORIZATION | ignature of Lobbyist) | TITLE OF ALITHORIZI | 1 /8/ (Date | (0 3 3) |
| PART V AUTHORIZATION NAME | ignature of Lobbyist) N TO LOBBY | TITLE OF AUTHORIZIN | (Date | RSON REPRESENTED |
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| PART V AUTHORIZATION NAME | ignature of Lobbyist) N TO LOBBY A Kin, Jr. | 4 | (Date | RSON REPRESENTED |
| PART V AUTHORIZATION NAME Daniel M. NAME OF ORGANIZATION (if applic | ignature of Lobbyist) N TO LOBBY A Kie, Jr. sable) | 4 | (Date | RSON REPRESENTED |
| PART V AUTHORIZATION NAME Daniel M. | ignature of Lobbyist) N TO LOBBY A Kie, Jr. sable) | 4 | (Date | RSON REPRESENTED C TELEPHONE See above |
| PART V AUTHORIZATION NAME Daniel M. NAME OF ORGANIZATION (if applic | ignature of Lobbyist) N TO LOBBY A Kie, Jr. sable) | Presia (City) | (Date | RSON REPRESENTED TELEPHONE |
| NAME Daniel M. NAME OF ORGANIZATION (if applic | ignature of Lobbyist) N TO LOBBY Akin, Jr. sable) , Inc. | Preside (City) | (Date) | RSON REPRESENTED C TELEPHONE See above (Zip Code) |
| PART V AUTHORIZATION NAME Daniel M. NAME OF ORGANIZATION (if applic Group 19 MAILING ADDRESS (Street) | ignature of Lobbyist) N TO LOBBY Akin, Jr. sable) | (City) age in lobbying activities | (Date) | RSON REPRESENTED TELEPHONE See above (Zip Code) |

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(Signature of Authorizing Officer or Person Represented)

(Date)